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FACSIMILE TRANSMITTAL SHEETMotorola, Inc.
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Telephone: (954) 723-6449
Facsimile: (954) 723-3871**20** Number of Pages (Including this page)

| | | | |
|------------------|--|----------------------|----------------|
| Applicant(s) | Robin U. Roberts, et al | Group Art Unit: | 2664 |
| Application No.: | 09/929,031 | Examiner: | Brenda H. Pham |
| Filed: | August 15, 2001 | Confirmation No. | 1871 |
| Title: | SYSTEM AND METHOD FOR PERFORMING SOFT HANDOFF IN A WIRELESS DATA NETWORK | | |
| Docket Date | February 4, 2006 | Attorney Docket No.: | MESH016 |

Enclosed herewith, please find the following documents for filing in the above-identified application:

| | |
|--|---|
| Transmittal Form | - 1 page |
| Power of Attorney executed by MeshNetworks, Inc. | - 1 page |
| Power of Attorney/Change of Address | - 1 page |
| Statement under 37 CFR 3.73(b) | - 1 page |
| Petition for Extension of Time | - 1 page, with authorization to charge fees |
| Fee Transmittal | - 1 page, with authorization to charge fees |
| Amendment | - 12 pages |
| Terminal Disclaimer | - 1 page |

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/Vernice V. Freebourne

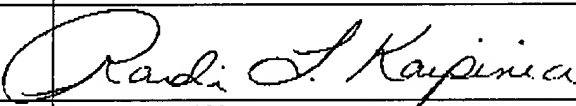
January 9, 2006 /Date

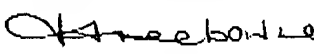
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|--|----------------------|------------------------|------------------|---------|--|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | | 09/929,031 | | |
| | Filing Date | | August 15, 2001 | | |
| | First Named Inventor | | Robin U. Roberts | | |
| | Group Art Unit | | 2664 | | |
| | Examiner Name | | Brenda H. Pham | | |
| Total Number of Pages in this Submission | | Attorney Docket Number | | MESH016 | |

| ENCLOSURES | | | (check all that apply) |
|---|---|---|------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____ | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Statement under 37 CFR 3.73(b) Power of Attorney executed by MeshNetworks, Inc. Facsimile Transmittal Sheet | |
| Remarks | | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|------------------|--------|
| Firm or Individual | Randi L. Karpinia | Registration No. | 46,148 |
| Signature |  | | |
| Date | January 9, 2006 | | |

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| Typed or printed name | Vernice V. Freebourne |
| Signature |  |
| Date | January 9, 2006 |

JAN 09 2006

| FEE TRANSMITTAL For FY 2005 | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|---|------------------|--|---------------|---------------|-----|--------|-----|-----|-------|-----|-----|---------|-----|-----|-------------|-----|-----|---|--|------------------|-----------------------|----------|---------|-----|-----|--------|----|-----|-------|-----|-----|---------|-----|-----|-------------|---|---|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918) | | Application Number | 09/929,031 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | August 15, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | Robin U. Roberts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Brenda H. Pham | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit | 2664 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket No. | MESH016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 130.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILING FEES | | SEARCH FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td>300</td><td>150</td></tr> <tr><td>Design</td><td>200</td><td>100</td></tr> <tr><td>Plant</td><td>200</td><td>100</td></tr> <tr><td>Reissue</td><td>300</td><td>150</td></tr> <tr><td>Provisional</td><td>200</td><td>100</td></tr> </tbody> </table> | | Application Type | Fee (\$) | Small Entity Fee (\$) | Utility | 300 | 150 | Design | 200 | 100 | Plant | 200 | 100 | Reissue | 300 | 150 | Provisional | 200 | 100 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td>250</td><td>500</td></tr> <tr><td>Design</td><td>50</td><td>100</td></tr> <tr><td>Plant</td><td>150</td><td>300</td></tr> <tr><td>Reissue</td><td>250</td><td>500</td></tr> <tr><td>Provisional</td><td>0</td><td>0</td></tr> </tbody> </table> | | Application Type | Small Entity Fee (\$) | Fee (\$) | Utility | 250 | 500 | Design | 50 | 100 | Plant | 150 | 300 | Reissue | 250 | 500 | Provisional | 0 | 0 |
| Application Type | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | Small Entity Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 250 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 50 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 150 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 250 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>100</td><td>200</td></tr> <tr><td>65</td><td>130</td></tr> <tr><td>80</td><td>160</td></tr> <tr><td>300</td><td>600</td></tr> <tr><td>0</td><td>0</td></tr> </tbody> </table> | | Small Entity Fee (\$) | Fee (\$) | 100 | 200 | 65 | 130 | 80 | 160 | 300 | 600 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Entity Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300 | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Fees Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Fee Description</u> Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims _____ - 20 or HP = _____ x _____ = _____ HP=highest number of total claims paid for, if greater than 20 | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>25</td><td>50</td></tr> <tr><td>100</td><td>200</td></tr> <tr><td>180</td><td>360</td></tr> </tbody> </table> | | Small Entity Fee (\$) | Fee (\$) | 25 | 50 | 100 | 200 | 180 | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Entity Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims _____ - 3 or HP = _____ x _____ = _____ HP=highest number of independent claims paid for, if greater than 3 | | Multiple Dependent Claims <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table> | | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets _____ - 100 = _____ / 50 = _____ (_____) (round up to a whole number) x _____ = _____ | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terminal Disclaimer | | | \$130.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | Complete (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) Randi L. Karpinia | Registration No. 46,148 | Telephone 954-723-6449 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <i>Randi L. Karpinia</i> | | Date January 9, 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |